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PTO/SB/21 (08-00)



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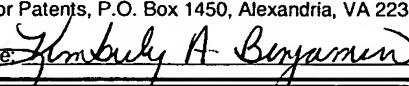
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Applicati n Number	10/071,377	
	Filing Date	February 7, 2002	
	First Named Inventor	Timothy B. KARPISHIN	
	Group Art Unit	1624	
	Examiner Name	B. Coleman	
Total Number of Pages in This Submission	8	Attorney Docket Number	529212000300

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form - submitted in duplicate (2 pages) <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input checked="" type="checkbox"/> Petition - Petition for Revival of an Application for Patent Abandoned for Failure to Notify the Office of a Foreign or International Filing (2 pages) <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address (3 pages) <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below) Return postcard
Remarks		RECEIVED MAY 21 2003 OFFICE OF PETITIONS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm or Individual Name	MORRISON & FOERSTER LLP Rebecca Shortle - 47,083	 25226
Signature	 PATENT TRADEMARK OFFICE	
Date	May 14, 2003	

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.		
Dated: May 14, 2003	Signature:  (Kimberly A. Benjamin)	



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FEE TRANSMITTAL for FY 2003 <small>Patent fees are subject to annual revision.</small>		Complete if Known																																																																																																																																																																																																																																																																																																																	
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REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>11/12/03</u>		2 Serial/Patent # <u>10/071377</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
<input checked="" type="checkbox"/>	Petition	10	5/19/03	\$ 650.00							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
	Other			\$							
			7 TOTAL AMOUNT OF REFUND	\$ 050.00							
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>0</td><td>3</td><td>--</td><td>1</td><td>9</td><td>5</td><td>2</td></tr></table>			0	3	--	1	9	5	2
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<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<i>application not abandoned</i>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Sherry D. Brinkley</u>		TITLE: <u>Petitioner's Finance</u>									
SIGNATURE: <u>Sherry D. Brinkley</u>		PHONE: <u>305-9282</u>									
OFFICE: <u>Petitioner's</u>											
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APPROVED: <u><i>Chick Kels</i></u>		DATE: <u>11/13/03</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

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Refund Branch
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